



2001

CHIP Enrollee Survey Results and Analysis

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for the

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Table of Contents

Item.....	Section
Executive Summary	1.0
Introduction to the Study	2.0
Method of Research	3.0
Sample Selection	3.1
Survey Procedure	3.2
Survey Research Findings	4.0
All About Your Child	4.1
All About CHIP	4.2
All About Your Child's Personal Provider	4.3
All About Your Child's Health Care	4.4
Getting Dental Care	4.5
Getting Preventive Care	4.6
Getting Care Quickly	4.7
Provider Communication	4.8
CHIP Customer Service	4.9
Conclusions	5.0
Program	5.1
Appendix	



1.0 EXECUTIVE SUMMARY

MAXIMUS, Montana Health Choices conducts one Montana CHIP enrollee survey annually. In August 2001 MAXIMUS sent out 1,000 surveys to randomly selected Montana CHIP enrollees. The purpose of the survey was to assess the enrollees' satisfaction with the Montana CHIP Program. We compiled the results from 366 completed surveys. Because this is the first survey we have conducted for CHIP, we are obviously unable to do any trending.

FINDINGS

- 81% of respondents rated their understanding of the CHIP Program between seven and ten, with ten being "completely understand."
- 93% of respondents rated their satisfaction with the CHIP Program between seven and ten, with ten being "completely satisfied."
- 47% of respondents rated their provider as "the best personal provider possible."
- 28% of respondents used the emergency room at least once in the last six-month period.
- 53% of respondents received dental services in the last six-month period. 3% of all respondents rated their dental care as the best possible; an additional 75% rated dental care high with a rating of between seven and nine.
- 36% of respondents had at least one preventive visit in the last six-month period.
- 96% of respondents indicated their provider's office staff was usually or always helpful when they called.
- 80% of respondents indicated their provider explained things clearly.

ENROLLEE COMMENTS

- There were a large number of comments from enrollees who are thankful for the CHIP Program.
 - *CHIP is a great program it insured our children when we were self-employed and couldn't afford insurance. I feel they get quality care when they need it (not often) and that's a great feeling for a parent. Also, the staff and customer service people have always been very kind and helpful.*
 - *We have really appreciated the way all claims have been handled by you, and truly appreciate this service for all our children. You have a great selection of providers!*
 - *My experience with the program has been very positive. I'm thankful to have a program like this. Thank you.*
- Many respondents commented on what they felt were constrictions with the dental program.
 - *Better dental!!! My daughter needs to see an oral surgeon and there is not one available.*
 - *I would like to see maybe a 50% fee on orthodontics for children.*
 - *I was lucky that I already had a regular dentist for my daughter because I have found that no dentists will take a new patient with CHIP.*
 - *Dental care limits are reached quite quickly. I feel they should be higher our smaller communities – less than 500 – have high dental needs and no fluoride in drinking water.*

CONCLUSIONS

The survey reveals that the vast majority of enrollees are satisfied with the Montana CHIP Program. It also shows that the enrollees tend to use the materials provided by the CHIP program and rate the usefulness of the materials as high. Montana CHIP may want to consider additional education for clients on the dental program since this is where many clients expressed some concerns. Since most of the concerns were in regards to access of dental care, the education should focus on the issue that this is a statewide concern, and not a concern specific to CHIP. Another area that may benefit from additional education is preventive care. The survey indicates that very few enrollees received preventive care in the period covered by the survey. As many of the enrollee comments indicated, people are very pleased that there is Montana CHIP program to provide medical coverage for their children.



2.0 INTRODUCTION TO THE STUDY

MAXIMUS, Montana Health Choices is contractually obligated to conduct one CHIP enrollee survey each year. Pursuant to the current agreement, Montana Health Choices performs one mail-in survey each fiscal year.

Montana Health Choices also conducts one mail-in survey for PASSPORT enrollees each year. There are separate PASSPORT survey tools for adults and children. When creating the child survey tool, we worked with the CHIP Quality Assurance Program Officer at the Department of Public Health and Human Services to ensure that one survey tool could be used for both the PASSPORT children and the CHIP children. There were a few changes, but a significant number of the questions are the same on both surveys. This allows for comparisons of some areas of the two programs. Montana Health Choices utilized the CAHPS 2.0 as a starting point for the new survey tools. Working closely with the Department of Public Health and Human Services we created a unique survey tool that uses many of the questions from the CAHPS Medicaid Survey but was specific to the needs of the Department for measuring responses by CHIP enrollees.

The intention of this survey is not to use any comparisons to other states that use CAHPS. This survey will instead independently measure the Montana CHIP enrollee's perception of care received by the provider and the Montana CHIP program, as well as measure the use and effectiveness of some of the Montana CHIP materials.



3.0 METHOD OF RESEARCH

3.1 Sample Selection

In August, Montana Health Choices mailed out surveys to 1,000 randomly selected current CHIP enrollees. Montana Health Choices received a file containing the information on these 1,000 CHIP enrollees from the Department of Public Health and Human Services. The enrollees for the survey were selected randomly ensuring that only one enrollee per household was selected.

CAHPS suggests that enough surveys be mailed out to ensure that a minimum of 300 surveys are returned. In using a standard sample calculator it was determined that a total of 365 surveys were needed to ensure that we had a margin of error of +/- 5% with a 95% confidence level. For example if 80% of respondents chose 'Yes' then we could be 95% sure that 75-85% of the whole population would answer 'Yes' to the same question.

3.2 Survey Procedure

On August 31, 2001, we mailed out 1,000 CHIP surveys.

As the surveys were received they were entered as received in a mailing database in Microsoft ACCESS. If surveys were returned due to a bad address, they were marked in the same database

as returned. This database was completely separate from the database used to analyze the data to ensure the confidentiality of the responses.

On September 14, 2001, reminders were mailed out to all participants who had not responded and who did not have a bad address in the system.

Again, as the surveys were received they were entered into the mailing database.

We had planned additional follow-up to ensure receipt of an adequate number of surveys but we had received the suggested 365 by this point, so no additional follow-up was needed.



4.0 SURVEY RESEARCH FINDINGS



4.1 All About Your Child

Fifty-one percent of those who returned their surveys were male and 49% were female. It should be mentioned that with a 5% margin of error the respondents to the survey were statistically equal. Sixty-three percent responded that they had been in the plan 6 to 12 months.

We asked the respondents if they had made a provider visit for regular or routine care within the last six-month period. Fifty-eight percent of respondents said they had made a regular or routine appointment within the last six months. When asked how they would rate their overall health 50% responded 'Excellent'. Only 2% rated their health fair or poor.

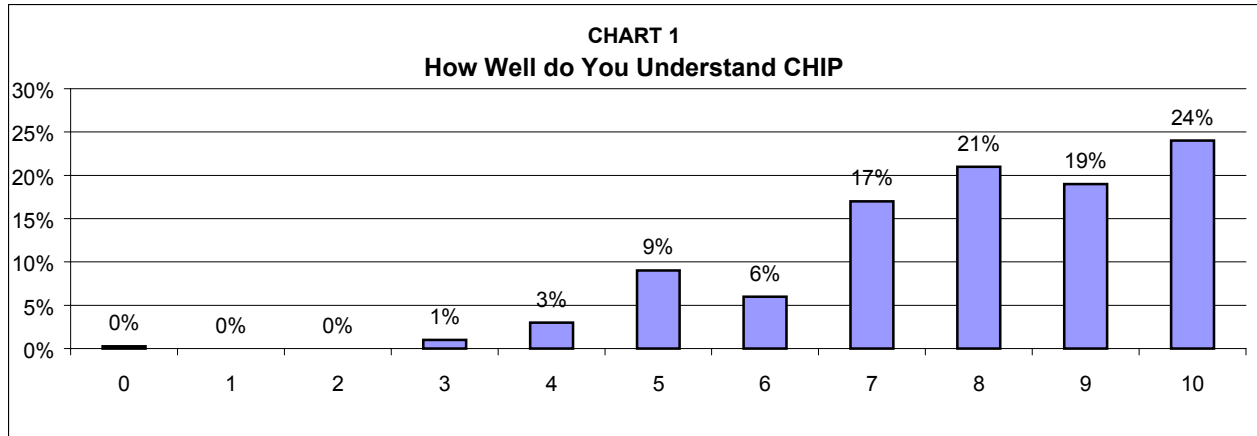
Ninety-five percent indicated that they are white. This means that only 5% of the respondents indicated that they were of any other racial background. Two percent marked American Indian or Alaska Native. Ninety-eight percent of the respondents are one year old or older.

We asked the person who was filling out the survey to provide us some details about him/herself. Most of those who responded (93%) were female and a majority were 45 to 54 years of age (52%). When asked to indicate the highest level of school they have completed 42% indicated they had some college or a 2-year degree. An additional 35% had graduated high school or had a GED. Only 17% had more than a 2-year degree.

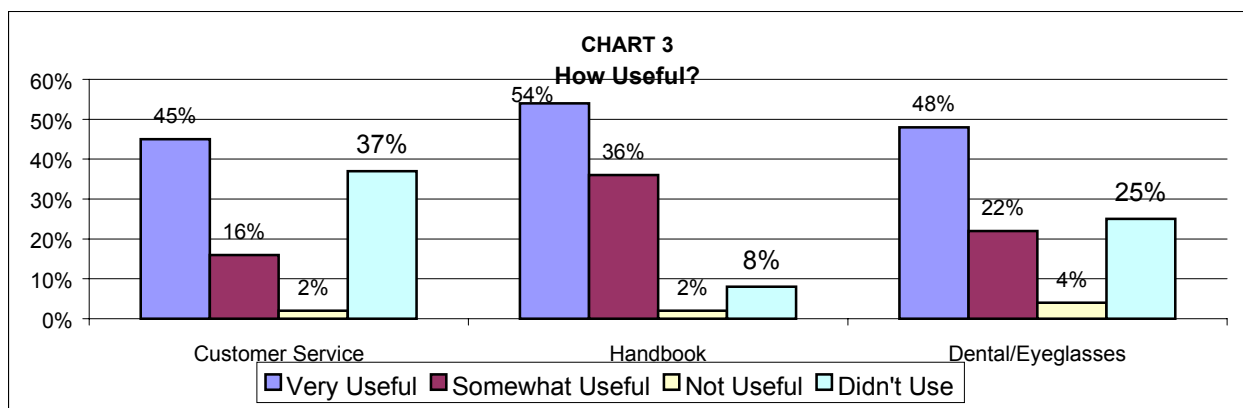
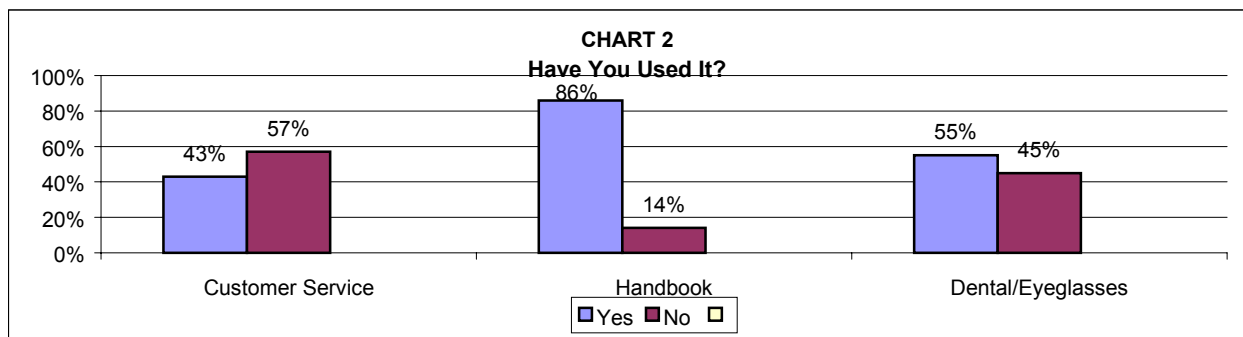


4.2 All About CHIP

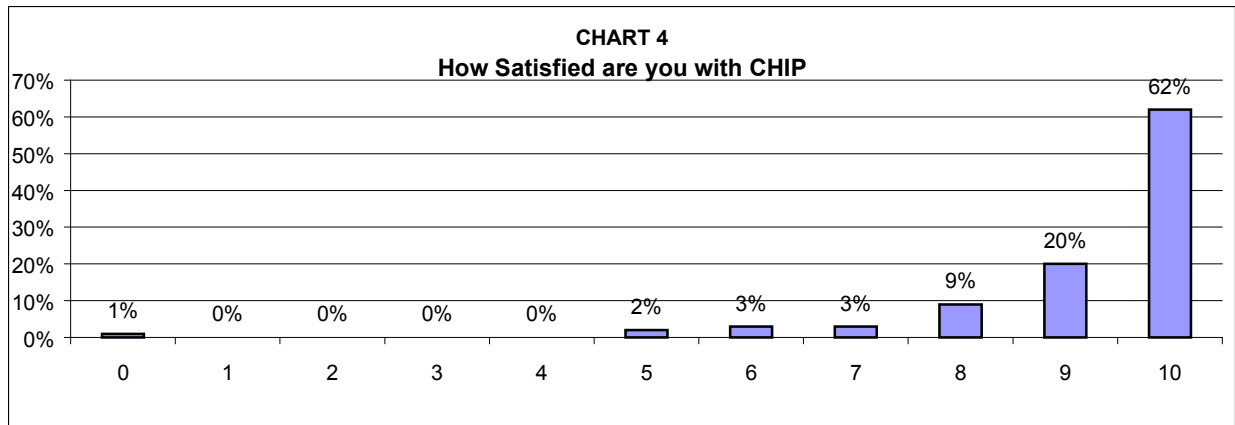
We asked enrollees to rate their overall understanding of the CHIP Program (zero to ten, ten being 'completely understand'). An overwhelming majority of respondents feel they have a good understanding of CHIP. Twenty-four percent of respondents feel they "completely understand" CHIP. Another 57% rated their understanding between seven and nine. Only 1% rated their understanding between zero (do not understand at all) and three. See chart 1 below.



The enrollees were asked if they used the services/materials provided for CHIP and how useful they are. Chart 2 below shows what percentage of enrollees indicate they use each service/material. Most respondents who used the service/material found it either very useful or somewhat useful. The most used service/material was the BlueCHIP Enrollee Handbook (86%) and the largest percentage of enrollees rated it as either 'very' or 'somewhat' useful (90%). Chart 3 compares how the enrollees rated each service.



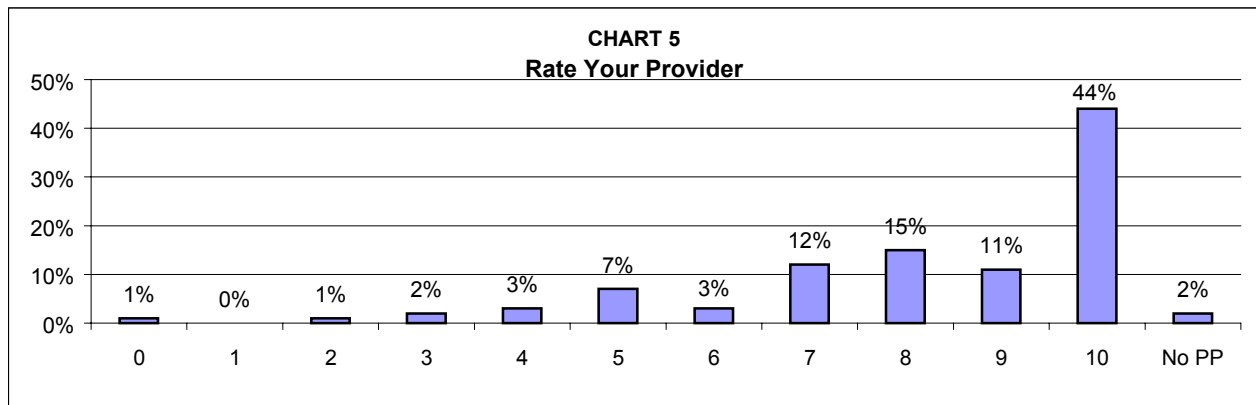
Enrollees were also asked to rate their satisfaction with the CHIP Program. Sixty-two percent of the respondents indicated that they were completely satisfied with the CHIP Program. Another 31% rated their satisfaction between seven and nine. Chart 4 shows the respondents satisfaction ratings.



4.3 All About Your Child's Personal Provider

The enrollees were asked how much of a problem it was to get a personal provider with whom they are happy. Seventy-five percent responded that it was not a problem. Only 1% responded that it was a big problem. It is interesting to note that 23% indicated that they did not get a new personal provider.

When enrollees were asked to rate their provider from zero to ten, with zero being the worst possible provider and ten being the best possible provider, most enrollees were very happy with their provider. In fact, 47% of respondents rated their provider as the “best personal provider possible.” In chart 5 you see how the respondents rated their personal providers.

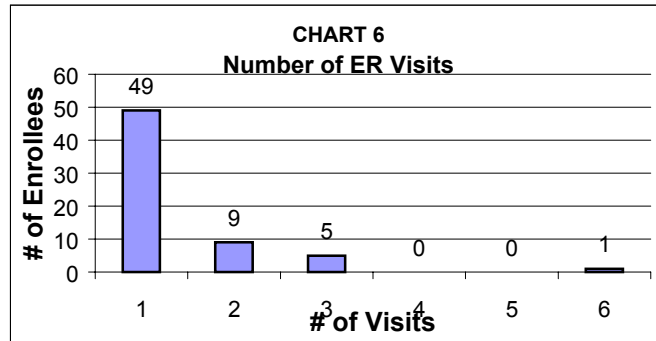


4.4 All About Your Child's Health Care

We asked enrollees several questions regarding recent provider visits. We broke the questions down by reason for visit. The reasons consisted of routine or regular health care, illness or injury, and preventive visits. These questions will be addressed in the sections below where we discuss the composite questions.

When asked if the provider's office helped them find another place to go when their personal provider could not see them, 57% said 'Yes'. Eighty percent of these indicated that they were referred to another provider. Six percent of the time the enrollees were referred to the emergency room.

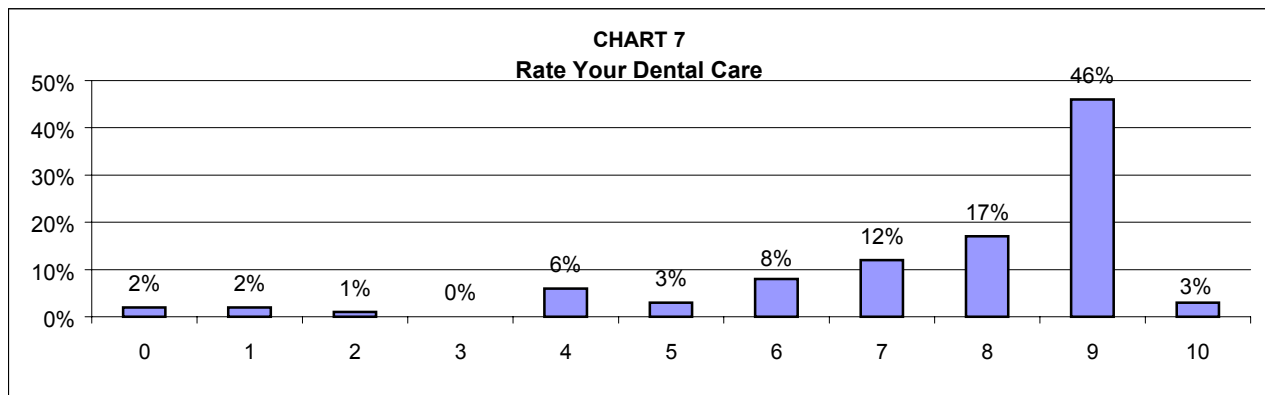
We also asked enrollees to indicate the number of times they used the emergency room in the last 6 months. This was a blank field for the enrollee to fill in. While the vast majority of enrollees never used the emergency room in the last 6 months, 28% did use the emergency room at least once in the last 6 months. Due to the small number of respondents chart 6 shows the real number of enrollees who visited the emergency room rather than the percentage. Those who indicated they did not use the emergency room are not on the chart.



4.5 Getting Dental Care

The enrollees were asked several questions relating to dental care. When asked if they had received any dental care in the last six months, 53% indicated that they did receive dental services. Fifty percent of those indicated that they had only been to the dentist once in the last six months.

Enrollees were asked to rate their dental care, with one being the 'worst possible' and ten being the 'best possible'. It is interesting to note that only 3% rated it as the best possible. However, 75% rated their dental care high with a rating of between seven and nine. Five percent rated their dental care very low with a rating between zero and three. Chart 7 below shows this breakdown.



4.6 Getting Preventive Care

One of the main purposes of health care coverage is to provide preventive care. When we asked enrollees if they had any visits for preventive care in the last 6 months only 36% said they had at least one visit. It is interesting to note that when we asked why enrollees had not had a preventive appointment 96% said they did not have an appointment because they did not need a preventive appointment in the last 6 months.

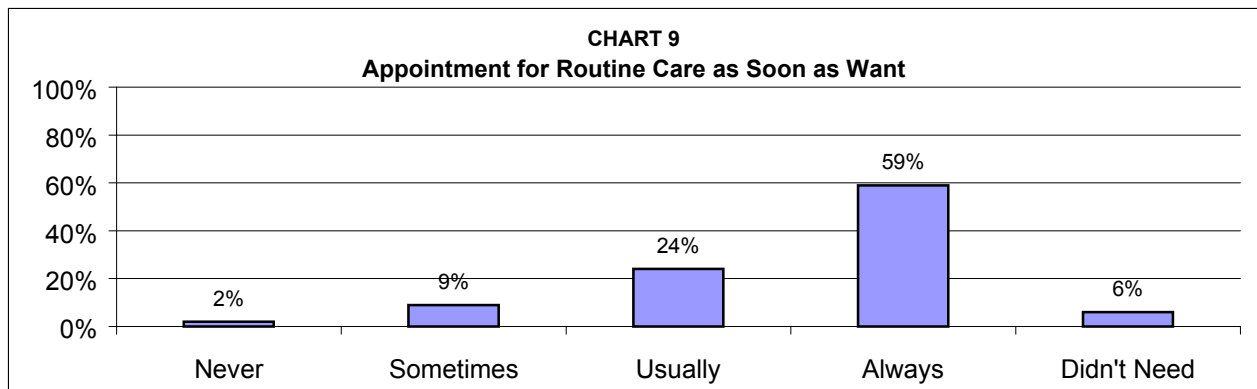
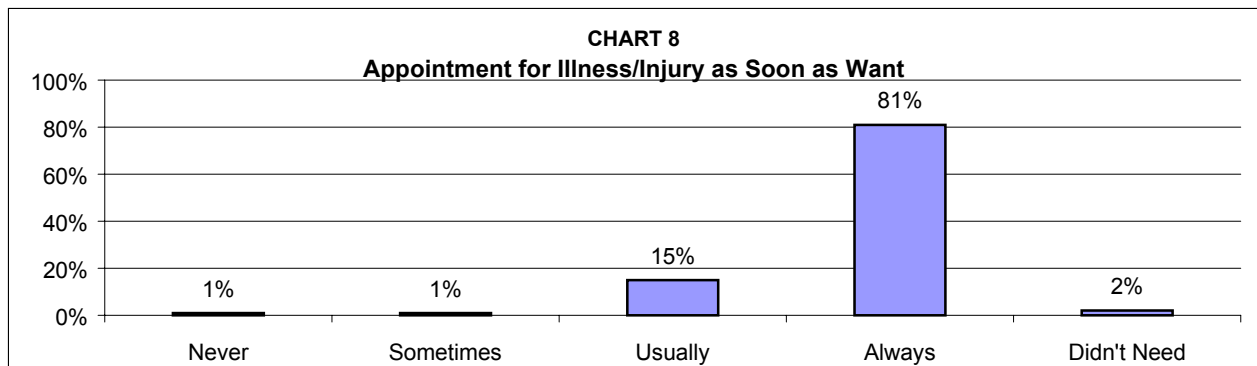
On the survey we also asked, for enrollees who were 2 years old or younger (13%), if they had received any reminders, since the child's birth, to take the child in for a check up. Sixty-two percent had received at least one reminder. A larger percentage had actually taken their child in

for a preventive appointment since birth (80%) and 93% said they got the appointment as quickly as they wanted.



4.7 Getting Care Quickly

An important measure of quality of care is the timeliness of that care. The enrollees were asked several questions relating to the timeliness of receiving the care they needed in the last 6 months. Charts 8 and 9 indicate the timeliness of the visits enrollees received.

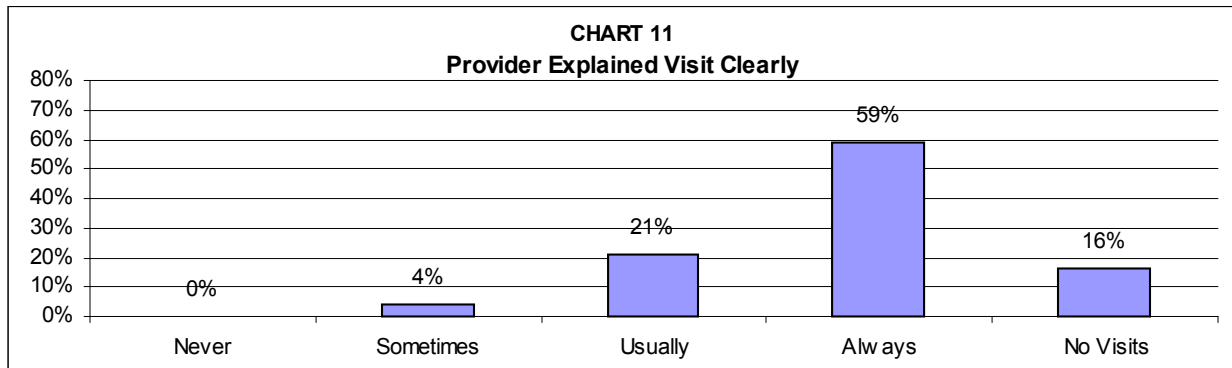
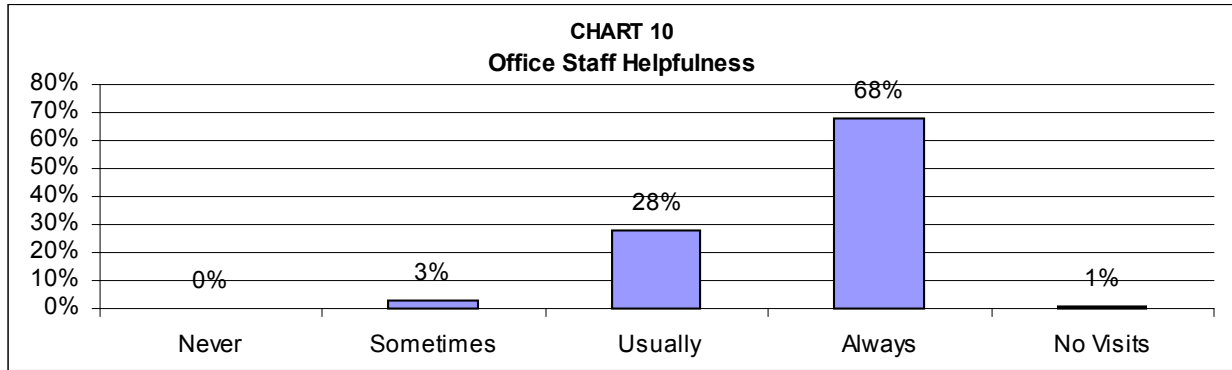


Finally, enrollees were asked how long they had to wait once they arrived at the provider's office for a visit. Fifty-eight percent said they waited 15 minutes or less and 34% said they waited 16 to 30 minutes.



4.8 Provider Communication

Communication is key in an enrollee's understanding of his or her health and treatment. Good communication may be one of the biggest factors in a patient's compliance, or lack of compliance, to healthcare recommendations. We asked clients some questions in reference to both the provider and the provider's office staff. While we did not specifically ask about communication of the office staff, we did ask how often the office staff was helpful. Helpfulness does not always equate with communication, however, a client's perception of helpfulness would relate to their ease in communicating with the office staff. As charts 10 and 11 indicate, most enrollees feel their provider and provider staff communicate well with the enrollee.



4.9 CHIP Customer Service

As discussed earlier, each survey asked about the helpfulness of several CHIP materials and services. It was discussed above that most respondents use the materials and services and find them helpful.



5.0 CONCLUSIONS

5.1 Program

Overall, it is evident that the Montana CHIP Program is very well received by the enrollees. There does not appear any areas in the program that have any significant issues that should be addressed. However, it would probably be beneficial to increase education efforts regarding two areas:

- Dental services – there were a significant number of comments regarding dental coverage. One of the main issues appears to be that the enrollees have a difficult time finding a dental provider. This may not be anything the CHIP Program can easily influence, however, communication with the enrollees could help. Maybe some additional education on how to find a dental provider, or some education indicating that this is a statewide problem and not anything specific to the Montana CHIP Program. Following are some of the dental comments:
 - *Better dental!!! My daughter needs to see an oral surgeon and there is not one available.*
 - *I would like to see maybe a 50% fee on orthodontics for children.*
 - *I was lucky that I already had a regular dentist for my daughter because I have found that no dentists will take a new patient with CHIP.*

- *Dental care limits are reached quite quickly. I feel they should be higher our smaller communities – less than 500 – have high dental needs and no fluoride in drinking water.*
- Preventive services – only 36% of respondents indicated that they had received preventive services within the reporting period. Ninety-six percent of those who did not receive preventive services indicated it was because they did not need preventive care. It appears as if the enrollees are unclear on the suggested schedule of well child visits.

Appendixes

- A. Survey Question by Question (with percentage of response)
- B. Verbatim Comments
- C. Survey Instrument